

Candidate signature (in ink)

Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance

ELECTION DEPT

		SCHI	ERVILLE. MA	
Zommonwealth f Massachusetts	•			
File with: City or Town Clerk or Election Commission	Please print or type all informat	ion, except signatures.	P-b A 9:08	
Fill in dates: Reporting Period Beginning	/ Date Year	Ending	2 7/11 Year	
Type of report: (Check one) X 8th day preceding preliminary	38th day preceding election	30 day after election □	year-end report dissolution	on
Full Name of Candidate (if School Committee) Office Sought and Di 44 Montrose St Residential Address 617-666-8787	tapplicable) Wisel 3 istrict Somerville ma	Committee! <u>Kelly Demer</u> Name of Committee 44 Mow+60_SE	·S	'G
Line 1: Ending Line 2: Total re Line 3: Subtota Line 4: Total ex Line 5: Ending Line 6: Total in- Line 7: Total (al	SUMMARY BALANCE balance from previous eceipts this period (page l (line 1 plus line 2) spenditures this period balance (line 3 minus line 4) kind contributions this l) outstanding liabilities bank(s) used (A) in the line of the liabilities of the line of the liabilities of the l	s report \$_ 2, line 11) \$_ d (page 3, line 14) \$_ period (page 4) \$_ S (page 4) \$_ \$_	2338.62 1.688.50 306.00 3,721.12 0.00	
Affidavit of Committee Treasurer: I certify that I have examined this report inc campaign finance activity, including all contant represents the campaign finance activity. M.G.L. 30 Treasurer's signature (in ink)	ributions loans receipts expenditures (disbursements, in-kind contributed ty or on behalf of this committe	ons and habilities for this reporting f	periou
FOR CA	NDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BEI	LOW)	
Affidavit of Candidate: (check 1 box only Candidate with Committee and no active I certify that I have examined this report incompaign finance activity, of all persons at have not received any contributions, incurred Candidate without Committee OR Candidate without Committee OR can I certify that I have examined this report incompaign finance activity, including contribution and represents the campaign finance activity M.G.L. c. 55.	vity independent of the committee Sluding attached schedules and it is; to to ting under the authority or on behalf of I any liabilities nor made any expenditure did alto the independent activity filing cluding attached schedules and it is, to to particular learns receipts expenditures dis-	es on my behalf during this report separate report the best of my knowledge and be sbursements, in-kind contribution ty or on behalf of this committee	with the requirements of M.C.L. c. 2 ting period. lief, a true and complete statement of is and liabilities for this reporting pe	of all

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

number on each page.

Date Name and Residential Address			,A m	ount	Occupation & Employer				
Received	· ·		2 8,00	Ount	(for contributions of \$200 or more				
7/14/11	SOMMHER to Elect Joe 130 TEN HILLS R.J. Somerville	Certatore	100			- , .			· ·
129/1	Norman Fine 1 Fitchburge St. Someon		E	0					
7/13/11	Part Sensel Rd. Somewill	f 3	100	ಖ					
4/30/11	Sophia Perez 57 Marli Son Street Soi	werville, MA	150	2					
129/11	55 Wallace St. Somerville, M	A 02144	150	20		·			•
2/39///	Howie Rafal 122 Heath Street, Somewill		150	00		<u>.</u>	•		
1/39//	Stephan Stephans 346 Gnoord Aur, Cambridge M	02138	100	නා		•			
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	otal receipts in excess of \$50 (or listed a		740	න	,				
Line 10; T	otal receipts \$50 and under* (not listed	above)	948	50					
Line 11: TOTAL RECEIPTS IN THE PERIOD			1.688	50] 1	Enter on pa	age 1, line	2		

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Am	ount
6129111	Precinct	70 UNION STUCKE SOMESUITHMA DIGT	Food For Campaign KICK-OFF EVENT OF G109/11	290	2 00
			of 6/29/11		
			•		
					•
,		•			
				· ·	
					-:
,		_	xpenditures over \$50	290	00
~			xpenditures \$50 and under*	_	00
*	nter on page 1, line 4		OTAL EXPENDITURES Line 13 should include only f	306	\odot

*If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received From Whom Received*		Residential Address	Description of Contribution	Value
			,	
	·			_
.,		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

				,
Date Incurred	To Whom Due	Address	Purpose	Amount
incui i ca				
	•			<u> </u>
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	0

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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